



UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

REGION 8
1240 E 9TH ST
STE 1695
CLEVELAND, OH 44199-2086

Agency Website: www.nlrb.gov
Telephone: (216)522-3715
Fax: (216)522-2418

Agent's Direct Dial: (216)303-7360

February 4, 2019

(b) (6), (b) (7)(C)

Re: University Hospitals
Inquiry 1-2419853931

Dear (b) (6), (b) (7)(C)

Pursuant to our conversation, enclosed is a Charge Against Employer form. If you wish to file this charge with us, please do the following:

- ✓ Make any necessary corrections on the form
- ✓ Fill in any incomplete spaces
- ✓ Sign and date the form where indicated at the bottom
- ✓ Return the form to the above address or fax number

You may also wish to keep a copy of the charge for yourself. Once we receive a signed charge from you, we will give it a case number and assign a Board agent to investigate the case. We will then send you a letter telling you the case number and the name of the investigator.

Please remember that to be timely, your charge must be filed **and served on the charged party** within six months of the alleged unlawful actions. We normally send a copy of the charge to the charged party, but if you are running close to the 6-month deadline, be advised that it is your responsibility to see that the Employer receives a copy of the charge within the 6-month period. Feel free to contact me if you have any questions or need further assistance. If I am not in, please ask to speak to the Information Officer.

Sincerely,

s/ LerVal M. Elva

LERVAL M. ELVA
Field Attorney

Enclosure

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

RECEIVED
REGION 8
2019 FEB 12 AM 9:58
CLEVELAND, OHIO

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
08-CA-235758	2/12/19

File an original of this charge with NLRB Regional Director in which the alleged unfair labor practice occurred or is occurring.

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT

a. Name of Employer University Hospitals		b. Tel. No. (b) (6), (b) (7)(C)
		c. Cell No.
d. Address (street, city, state ZIP code) (b) (6), (b) (7)(C)	e. Employer Representative (b) (6), (b) (7)(C)	f. Fax No.
		g. e-Mail (b) (6), (b) (7)(C)@uhhospitals.org
		h. Dispute location (City and State) (b) (6), (b) (7)(C)
i. Type of Establishment (factory, nursing home, hotel) Hospital	j. Principal Product or Service Health Care	k. Number of workers at dispute location 6000

1. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.

2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)

Since in or around August 2018, the Employer has interfered with, restrained, and coerced its employees in the exercise of rights protected by Section 7 of the Act by interrogating employees about their protected concerted activities.

Additionally, on or about (b) (6), (b) (7)(C), 2018, the above-named Employer, by its officers, agents and representatives, violated the Act by refusing to promote (b) (6), (b) (7)(C) to its (b) (6), (b) (7)(C) position, a position for which (b) (6), (b) (7)(C) has been performing the job duties for approximately (b) (6), (b) (7)(C) years, because of (b) (6), (b) (7)(C) protected concerted activities.

3. Full name of party filing charge (if labor organization, give full name, including local name and number)

(b) (6), (b) (7)(C)

4a. Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)	4b. Tel. No.
	4c. Cell No. (b) (6), (b) (7)(C)
	4d. Fax No.
	4e. e-Mail (b) (6), (b) (7)(C)

5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization)

6. DECLARATION I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.		Tel. No.
By: (b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	Office, if any, Cell No. (b) (6), (b) (7)(C)
(sig)	Print Name and Title	Fax No.
Address: (b) (6), (b) (7)(C)	Date: 2/6/19	e-Mail (b) (6), (b) (7)(C)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 *et seq.* The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

(b) (6), (b) (7)(C)



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Download
NLRB
Mobile App

February 12, 2019

(b) (6), (b) (7)(C)

Re: University Hospitals
Case 08-CA-235758

Dear (b) (6), (b) (7)(C):

Enclosed is a copy of a charge that has been filed in this case. This letter tells you how to contact the Board agent who will be investigating the charge, explains your right to be represented, discusses presenting your evidence, and provides a brief explanation of our procedures, including how to submit documents to the NLRB.

Investigator: This charge is being investigated by Field Attorney KAREN N. NEILSEN whose telephone number is (216)303-7384. If this Board agent is not available, you may contact Supervisory Attorney GREGORY GLEINE whose telephone number is (216)303-7365.

Right to Representation: You have the right to be represented by an attorney or other representative in any proceeding before us. If you choose to be represented, your representative must notify us in writing of this fact as soon as possible by completing *Form NLRB-4701, Notice of Appearance*. This form is available on our website, www.nlr.gov, or from an NLRB office upon your request.

If you are contacted by someone about representing you in this case, please be assured that no organization or person seeking your business has any "inside knowledge" or favored relationship with the National Labor Relations Board. Their knowledge regarding this proceeding was only obtained through access to information that must be made available to any member of the public under the Freedom of Information Act.

Presentation of Your Evidence: We seek prompt resolutions of labor disputes. Therefore, I urge you or your representative to submit a complete written account of the facts and a statement of your position with respect to the allegations set forth in the charge as soon as possible. If the Board agent later asks for more evidence, I strongly urge you or your representative to cooperate fully by promptly presenting all evidence relevant to the investigation. In this way, the case can be fully investigated more quickly.

Full and complete cooperation includes providing witnesses to give sworn affidavits to a Board agent, and providing all relevant documentary evidence requested by the Board agent. Sending us your written account of the facts and a statement of your position is not enough to be considered full and complete cooperation. A refusal to fully cooperate during the investigation might cause a case to be litigated unnecessarily.

In addition, either you or your representative must complete the enclosed Commerce Questionnaire to enable us to determine whether the NLRB has jurisdiction over this dispute. If you recently submitted this information in another case, or if you need assistance completing the form, please contact the Board agent.

We will not honor any request to place limitations on our use of position statements or evidence beyond those prescribed by the Freedom of Information Act and the Federal Records Act. Thus, we will not honor any claim of confidentiality except as provided by Exemption 4 of FOIA, 5 U.S.C. Sec. 552(b)(4), and any material you submit may be introduced as evidence at any hearing before an administrative law judge. We are also required by the Federal Records Act to keep copies of documents gathered in our investigation for some years after a case closes. Further, the Freedom of Information Act may require that we disclose such records in closed cases upon request, unless there is an applicable exemption. Examples of those exemptions are those that protect confidential financial information or personal privacy interests.

Preservation of all Potential Evidence: Please be mindful of your obligation to preserve all relevant documents and electronically stored information (ESI) in this case, and to take all steps necessary to avoid the inadvertent loss of information in your possession, custody or control. Relevant information includes, but is not limited to, paper documents and all ESI (e.g. SMS text messages, electronic documents, emails, and any data created by proprietary software tools) related to the above-captioned case.

Prohibition on Recording Affidavit Interviews: It is the policy of the General Counsel to prohibit affiants from recording the interview conducted by Board agents when subscribing Agency affidavits. Such recordings may impede the Agency's ability to safeguard the confidentiality of the affidavit itself, protect the privacy of the affiant and potentially compromise the integrity of the Region's investigation.

Procedures: We strongly urge everyone to submit all documents and other materials by E-Filing (not e-mailing) through our website, www.nlr.gov. However, the Agency will continue to accept timely filed paper documents. Please include the case name and number indicated above on all your correspondence regarding the charge. The Agency requests all evidence submitted electronically to be in the form it is normally used and maintained in the course of business (i.e., native format). Where evidence submitted electronically is not in native format, it should be submitted in a manner that retains the essential functionality of the native format (i.e., in a machine-readable and searchable electronic format). If you have questions about the submission of evidence or expect to deliver a large quantity of electronic records, please promptly contact the Board agent investigating the charge.

Information about the Agency, the procedures we follow in unfair labor practice cases and our customer service standards is available on our website, www.nlr.gov or from an NLRB office upon your request. *NLRB Form 4541, Investigative Procedures* offers information that is helpful to parties involved in an investigation of an unfair labor practice charge.

We can provide assistance for persons with limited English proficiency or disability. Please let us know if you or any of your witnesses would like such assistance.

Very truly yours,

A handwritten signature in black ink that reads "Allen Binstock". The signature is written in a cursive style with a large, stylized "B".

ALLEN BINSTOCK
Regional Director

AB/rh

Enclosures:

1. Copy of Charge
2. Commerce Questionnaire

QUESTIONNAIRE ON COMMERCE INFORMATION

Please read carefully, answer all applicable items, and return to the NLRB Office. If additional space is required, please add a page and identify item number.

CASE NAME

University Hospitals

CASE NUMBER

08-CA-235758

1. EXACT LEGAL TITLE OF ENTITY (As filed with State and/or stated in legal documents forming entity)**2. TYPE OF ENTITY**

[] CORPORATION [] LLC [] LLP [] PARTNERSHIP [] SOLE PROPRIETORSHIP [] OTHER (Specify)

3. IF A CORPORATION or LLCA. STATE OF INCORPORATION
OR FORMATION

B. NAME, ADDRESS, AND RELATIONSHIP (e.g. parent, subsidiary) OF ALL RELATED ENTITIES

4. IF AN LLC OR ANY TYPE OF PARTNERSHIP, FULL NAME AND ADDRESS OF ALL MEMBERS OR PARTNERS**5. IF A SOLE PROPRIETORSHIP, FULL NAME AND ADDRESS OF PROPRIETOR****6. BRIEFLY DESCRIBE THE NATURE OF YOUR OPERATIONS (Products handled or manufactured, or nature of services performed).****7. A. PRINCIPAL LOCATION:****B. BRANCH LOCATIONS:****8. NUMBER OF PEOPLE PRESENTLY EMPLOYED**

A. Total:

B. At the address involved in this matter:

9. DURING THE MOST RECENT (Check appropriate box): [] CALENDAR YR [] 12 MONTHS or [] FISCAL YR (FY dates)

YES NO

A. Did you **provide services** valued in excess of \$50,000 directly to customers outside your State? If no, indicate actual value.
\$B. If you answered no to 9A, did you **provide services** valued in excess of \$50,000 to customers in your State who purchased goods valued in excess of \$50,000 from directly outside your State? If no, indicate the value of any such services you provided.
\$C. If you answered no to 9A and 9B, did you **provide services** valued in excess of \$50,000 to public utilities, transit systems, newspapers, health care institutions, broadcasting stations, commercial buildings, educational institutions, or retail concerns? If less than \$50,000, indicate amount. \$D. Did you **sell goods** valued in excess of \$50,000 directly to customers located outside your State? If less than \$50,000, indicate amount. \$E. If you answered no to 9D, did you **sell goods** valued in excess of \$50,000 directly to customers located inside your State who purchased other goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount.
\$F. Did you **purchase and receive goods** valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$G. Did you **purchase and receive goods** valued in excess of \$50,000 from enterprises who received the goods directly from points outside your State? If less than \$50,000, indicate amount. \$H. **Gross Revenues** from all sales or performance of services (**Check the largest amount**):

[] \$100,000 [] \$250,000 [] \$500,000 [] \$1,000,000 or more If less than \$100,000, indicate amount.

I. **Did you begin operations within the last 12 months?** If yes, specify date: _____**10 ARE YOU A MEMBER OF AN ASSOCIATION OR OTHER EMPLOYER GROUP THAT ENGAGES IN COLLECTIVE BARGAINING?**

[] YES [] NO (If yes, name and address of association or group).

11. REPRESENTATIVE BEST QUALIFIED TO GIVE FURTHER INFORMATION ABOUT YOUR OPERATIONS

NAME

TITLE

E-MAIL ADDRESS

TEL. NUMBER

12. AUTHORIZED REPRESENTATIVE COMPLETING THIS QUESTIONNAIRE

NAME AND TITLE (Type or Print)

SIGNATURE

E-MAIL ADDRESS

DATE

PRIVACY ACT STATEMENT

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UNITED STATES OF AMERICA
BEFORE THE NATIONAL LABOR RELATIONS BOARD

UNIVERSITY HOSPITALS

Charged Party

and

(b) (6), (b) (7)(C), AN INDIVIDUAL

Charging Party

Case 08-CA-235758

AFFIDAVIT OF SERVICE OF CHARGE AGAINST EMPLOYER

I, the undersigned employee of the National Labor Relations Board, state under oath that on February 12, 2019, I served the above-entitled document(s) by post-paid regular mail upon the following persons, addressed to them at the following addresses:

(b) (6), (b) (7)(C)

February 12, 2019

Date

Regina Hibbitt, Designated Agent of
NLRB

Name

Regina Hibbitt

Signature



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February 12, 2019

(b) (6), (b) (7)(C)

Re: University Hospitals
Case 08-CA-235758

Dear (b) (6), (b) (7)(C)

The charge that you filed in this case on February 12, 2019 has been docketed as case number 08-CA-235758. This letter tells you how to contact the Board agent who will be investigating the charge, explains your right to be represented, discusses presenting your evidence, and provides a brief explanation of our procedures, including how to submit documents to the NLRB.

Investigator: This charge is being investigated by Field Attorney KAREN N. NEILSEN whose telephone number is (216)303-7384. If this Board agent is not available, you may contact Supervisory Attorney GREGORY GLEINE whose telephone number is (216)303-7365.

Right to Representation: You have the right to be represented by an attorney or other representative in any proceeding before us. If you choose to be represented, your representative must notify us in writing of this fact as soon as possible by completing *Form NLRB-4701, Notice of Appearance*. This form is available on our website, www.nlrb.gov, or from an NLRB office upon your request.

If you are contacted by someone about representing you in this case, please be assured that no organization or person seeking your business has any "inside knowledge" or favored relationship with the National Labor Relations Board. Their knowledge regarding this proceeding was only obtained through access to information that must be made available to any member of the public under the Freedom of Information Act.

Presentation of Your Evidence: As the party who filed the charge in this case, it is your responsibility to meet with the Board agent to provide a sworn affidavit, or provide other witnesses to provide sworn affidavits, and to provide relevant documents within your possession. Because we seek to resolve labor disputes promptly, you should be ready to promptly present your affidavit(s) and other evidence. If you have not yet scheduled a date and time for the Board agent to take your affidavit, please contact the Board agent to schedule the affidavit(s). If you fail to cooperate in promptly presenting your evidence, your charge may be dismissed without investigation.

Preservation of all Potential Evidence: Please be mindful of your obligation to preserve all relevant documents and electronically stored information (ESI) in this case, and to take all steps necessary to avoid the inadvertent loss of information in your possession, custody or control. Relevant information includes, but is not limited to, paper documents and all ESI (e.g. SMS text messages, electronic documents, emails, and any data created by proprietary software tools) related to the above-captioned case.

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We can provide assistance for persons with limited English proficiency or disability. Please let us know if you or any of your witnesses would like such assistance.

Very truly yours,

A handwritten signature in black ink, appearing to read "Allen Binstock". The signature is fluid and cursive, with a large initial "A" and "B".

ALLEN BINSTOCK
Regional Director

AB/rh

NATIONAL LABOR RELATIONS BOARD

NOTICE OF APPEARANCE

(b) (6), (b) (7)(C)
Charging Party
and
University Hospitals,
Respondent

CASE 08-CA-235758

☒ REGIONAL DIRECTOR

☐ EXECUTIVE SECRETARY
NATIONAL LABOR RELATIONS BOARD
Washington, DC 20570

☐ GENERAL COUNSEL
NATIONAL LABOR RELATIONS BOARD
Washington, DC 20570

THE UNDERSIGNED HEREBY ENTERS APPEARANCE AS REPRESENTATIVE OF _____
University Hospitals

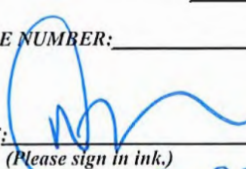
IN THE ABOVE-CAPTIONED MATTER.

CHECK THE APPROPRIATE BOX(ES) BELOW:

☒ REPRESENTATIVE IS AN ATTORNEY

☐ IF REPRESENTATIVE IS AN ATTORNEY, IN ORDER TO ENSURE THAT THE PARTY MAY RECEIVE COPIES OF CERTAIN DOCUMENTS OR CORRESPONDENCE FROM THE AGENCY IN ADDITION TO THOSE DESCRIBED BELOW, THIS BOX MUST BE CHECKED. IF THIS BOX IS NOT CHECKED, THE PARTY WILL RECEIVE ONLY COPIES OF CERTAIN DOCUMENTS SUCH AS CHARGES, PETITIONS AND FORMAL DOCUMENTS AS DESCRIBED IN SEC. 11842.3 OF THE CASEHANDLING MANUAL.

(REPRESENTATIVE INFORMATION)

NAME: Douglas G. Smith	
MAILING ADDRESS: Jackson Lewis P.C., Liberty Center, 1001 Liberty Avenue, Suite 1000, Pittsburgh, PA 15222	
E-MAIL ADDRESS: douglas.smith@jacksonlewis.com	
OFFICE TELEPHONE NUMBER: 412-232-0404	
CELL PHONE NUMBER:	FAX: 412-232-3441
SIGNATURE:  (Please sign in ink.)	
DATE: 2-27-19	

¹ IF CASE IS PENDING IN WASHINGTON AND NOTICE OF APPEARANCE IS SENT TO THE GENERAL COUNSEL OR THE EXECUTIVE SECRETARY, A COPY SHOULD BE SENT TO THE REGIONAL DIRECTOR OF THE REGION IN WHICH THE CASE WAS FILED SO THAT THOSE RECORDS WILL REFLECT THE APPEARANCE.

NATIONAL LABOR RELATIONS BOARD

NOTICE OF APPEARANCE

(b) (6), (b) (7)(C)

Charging Party

and

University Hospitals,

Respondent

CASE 08-CA-235758

☒ REGIONAL DIRECTOR

☐ EXECUTIVE SECRETARY
NATIONAL LABOR RELATIONS BOARD
Washington, DC 20570

☐ GENERAL COUNSEL
NATIONAL LABOR RELATIONS BOARD
Washington, DC 20570

THE UNDERSIGNED HEREBY ENTERS APPEARANCE AS REPRESENTATIVE OF _____

University Hospitals

IN THE ABOVE-CAPTIONED MATTER.

CHECK THE APPROPRIATE BOX(ES) BELOW:

☒ REPRESENTATIVE IS AN ATTORNEY

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(REPRESENTATIVE INFORMATION)

NAME: Zachary J. Mueller

MAILING ADDRESS: Jackson Lewis P.C., Liberty Center, 1001 Liberty Avenue, Suite 1000, Pittsburgh, PA 15222

E-MAIL ADDRESS: zachary.mueller@jacksonlewis.com

OFFICE TELEPHONE NUMBER: 412-232-0404

CELL PHONE NUMBER: _____ FAX: 412-232-3441

SIGNATURE: 

(Please sign in ink.)

DATE: 27 Feb. 2019

¹ IF CASE IS PENDING IN WASHINGTON AND NOTICE OF APPEARANCE IS SENT TO THE GENERAL COUNSEL OR THE EXECUTIVE SECRETARY, A COPY SHOULD BE SENT TO THE REGIONAL DIRECTOR OF THE REGION IN WHICH THE CASE WAS FILED SO THAT THOSE RECORDS WILL REFLECT THE APPEARANCE.



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Agency Website: www.nlrb.gov
Telephone: (216)522-3715
Fax: (216)522-2418

Agent's Direct Dial: (216)303-7371

March 4, 2019

Douglas G. Smith, ESQ.
Jackson Lewis P.C.
Liberty Center
1001 Liberty Ave, Suite 1000
Pittsburgh, PA 15222-3772

Zachary J. Mueller, ESQ.
Jackson Lewis, P.C.
Liberty Center
1001 Liberty Avenue, Suite 1000
Pittsburgh, PA 15222

Re: University Hospitals
Case 08-CA-235758

Dear Gentlemen:

I am writing this letter to advise you that it is now necessary for me to take evidence from your client regarding the allegations raised in the investigation of the above-captioned matter.

Allegations: The allegations for which I am seeking your evidence are as follows. It is alleged that the Employer refused to promote (b) (6), (b) (7)(C) because (b) (6), (b) (7)(C) engaged in protected concerted activities.

Board Affidavits: I am requesting to take affidavits from (b) (6), (b) (7)(C), and (b) (6), (b) (7)(C) and any other individuals you believe have information relevant to the investigation of the above-captioned matter. Please be advised that the failure to present representatives who would appear to have information relevant to the investigation of this matter, for the purposes of my taking sworn statements from them, constitutes less than complete cooperation in the investigation of the charge.

1. Why was (b) (6), (b) (7)(C) not awarded the position (b) (6), (b) (7)(C) applied for?
2. Has (b) (6), (b) (7)(C) or (b) (6), (b) (7)(C) ever interrogated any employees about protected concerted activity they were engaged in?
3. If so, what was the purpose of this interrogation?
4. Was (b) (6), (b) (7)(C) not awarded the position because the Employer had knowledge or suspected (b) (6), (b) (7)(C) had been engaged in any protected concerted activity?

Documents: Please provide the following documents, along with any and all other evidence you deem to be relevant to the case:

1. (b) (6), (b) (7)(C) Personnel file.

Date for Submitting Evidence: To resolve this matter as expeditiously as possible, you must provide your evidence and position in this matter by Friday, March 15, 2019. If you are willing to allow me to take affidavits, please contact me by March 13, 2019 to schedule a time to take affidavits. Electronic filing of position statements and documentary evidence through the Agency website is preferred but not required. To file electronically, go to **www.nlr.gov**, select **E-File Documents**, enter the **NLRB case number**, and follow the detailed instructions. If I have not received all your evidence by the due date or spoken with you and agreed to another date, it will be necessary for me to make my recommendations based upon the information available to me at that time.

Please contact me at your earliest convenience by telephone, (216)303-7371, or e-mail, roberta.montgomery@nlrb.gov, so that we can discuss how you would like to provide evidence and I can answer any questions you have with regard to the issues in this matter.

Very truly yours,

/s/ Roberta Montgomery

ROBERTA MONTGOMERY
Field Examiner

From: Mueller, Zachary J. (Pittsburgh) <Zachary.Mueller@jacksonlewis.com>
Sent: Thursday, March 28, 2019 3:22 PM
To: Montgomery, Roberta
Cc: Smith, Douglas G. (Pittsburgh)
Subject: RE: LTR.08-CA-235758.Request Evidence.pdf

Hi Roberta,

As a follow-up to our conversation earlier this week, we just wanted to let you know that we expect to have the settlement agreement to you in the next day or so. Please let us know if you have any questions in the meantime. Thank you.

Zachary J. Mueller

Attorney at Law

Jackson Lewis P.C.

Liberty Center

1001 Liberty Avenue

Suite 1000

Pittsburgh, PA 15222

Direct: (412) 338-5144 | Main: (412) 232-0404 | Mobile:

Zachary.Mueller@jacksonlewis.com | www.jacksonlewis.com

Jackson Lewis P.C. is honored to be recognized as the "Innovative Law Firm of the Year" by the International Legal Technology Association (ILTA) and is a proud member of the CEO Action for Diversity and Inclusion initiative

From: Montgomery, Roberta <Roberta.Montgomery@nlrb.gov>
Sent: Monday, March 4, 2019 10:52 AM
To: Smith, Douglas G. (Pittsburgh) <Douglas.Smith@jacksonlewis.com>; Mueller, Zachary J. (Pittsburgh) <Zachary.Mueller@jacksonlewis.com>
Subject: LTR.08-CA-235758.Request Evidence.pdf

This letter has also been sent by regular mail.

Roberta A. Montgomery, Field Examiner

National Labor Relations Board

1695 AJC Federal Office Building

1240 E. 9th Street

Cleveland, Ohio 44199

(216) 303-7371

roberta.montgomery@nlrb.gov

From: (b) (6), (b) (7)(C)
Sent: Thursday, March 28, 2019 10:32 AM
To: Montgomery, Roberta
Subject: FW:
Attachments: [Untitled].pdf

Hi Roberta. Attached is the paperwork. They misspelled my signature but it seemed good to me. I hope all is well. Let me know when you can.

Thank You!

(b) (6), (b) (7)(C)

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

From: (b) (6), (b) (7)(C)
Date: 3/28/19 10:17 AM (GMT-05:00)
To: (b) (6), (b) (7)(C)
Subject: FW:

(b) (6), (b) (7)(C)

From: (b) (6), (b) (7)(C)@uhhs.com
Sent: Thursday, March 28, 2019 10:05 AM
To: (b) (6), (b) (7)(C)
Subject:

Please open the attached document. This document was digitally sent to you using an HP Digital Sending device. Visit us at www.UHhospitals.org.

The enclosed information is STRICTLY CONFIDENTIAL and is intended for the use of the addressee only. University Hospitals and its affiliates disclaim any responsibility for unauthorized disclosure of this information to anyone other than the addressee.

Federal and Ohio law protect patient medical information, including

psychiatric_disorders, (H.I.V) test results, A.I.Ds-related conditions, alcohol, and/or drug_dependence or abuse disclosed in this email. Federal regulation (42 CFR Part 2) and Ohio Revised Code section 5122.31 and 3701.243 prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.

From: (b) (6), (b) (7)(C)
Sent: Monday, April 8, 2019 9:23 AM
To: Montgomery, Roberta
Subject: FW:
Attachments: Agreement and Release.pdf

Hi Roberta, attached is the new agreement I did not sign. I'll touch base later today.

Thank you!

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

From: (b) (6), (b) (7)(C)
Date: 4/8/19 9:11 AM (GMT-05:00)
To: (b) (6), (b) (7)(C)
Subject: FW:

(b) (6), (b) (7)(C)


From: (b) (6), (b) (7)(C)
Sent: Thursday, April 04, 2019 5:22 PM
To: (b) (6), (b) (7)(C)
Subject:

Hi (b) (6), (b) (7)(C)

Per our discussion, revised agreement attached. (b) (6), (b) (7) has a meeting until 1:15p tomorrow. If you need to stop by before then, you can leave it with our (b) (6), (b) (7)(C), at the (b) (6), (b) (7)(C). I will let (b) (6), (b) (7)(C) know to look out for you just in case.

(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)



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From: (b) (6), (b) (7)(C)
Sent: Monday, April 8, 2019 1:54 PM
To: Montgomery, Roberta
Subject: Fw: (b) (6), (b) (7)(C) Contract #2
Attachments: Agreement and Release.pdf

Hi Roberta,

I thought I sent this early this morning from my phone but it did not go through. So, here it is. This is the new contract that I did not sign. It's the second page, number 3. under Acknowledgements and Affirmations. It says UH also affirms that under "normal circumstances" . Anyhow, sorry it did not come through earlier, I thought it went until just now when I was in looking. It'll probably show up next week! LOL Technology.....

Thanks,

(b) (6), (b) (7)(C)

On Monday, April 8, 2019 9:11 AM, "(b) (6), (b) (7)(C)" > wrote:

(b) (6), (b) (7)(C)

From: (b) (6), (b) (7)(C)
Sent: Thursday, April 04, 2019 5:22 PM
To: (b) (6), (b) (7)(C)
Subject:

Hi (b) (6), (b) (7)(C)

Per our discussion, revised agreement attached. (b) (6), (b) (7) has a meeting until 1:15p tomorrow. If you need to stop by before then, you can leave it with our (b) (6), (b) (7)(C), at the (b) (6), (b) (7)(C). I will let (b) (6), (b) (7)(C) know to look out for you just in case.

(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

Visit us at www.UHhospitals.org.

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Federal and Ohio law protect patient medical information, including psychiatric_disorders, (H.I.V) test results, A.I.Ds-related conditions, alcohol, and/or drug_dependence or abuse disclosed in this email. Federal regulation (42 CFR Part 2) and Ohio Revised Code section 5122.31 and 3701.243 prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.

From: Mueller, Zachary J. (Pittsburgh) <Zachary.Mueller@jacksonlewis.com>
Sent: Tuesday, April 16, 2019 12:59 PM
To: Montgomery, Roberta
Cc: Smith, Douglas G. (Pittsburgh); Knox, Susan L. (Pittsburgh)
Subject: RE: LTR.08-CA-235758.Request Evidence.pdf
Attachments: Signed Agreement w/ (b) (6), (b) (7)(C).pdf

Hi Roberta,

Attached is the fully executed settlement agreement resolving this case. Please let me know if there is anything else that you need to close your file. Thank you.

Zachary J. Mueller

Attorney at Law

Jackson Lewis P.C.

Liberty Center

1001 Liberty Avenue

Suite 1000

Pittsburgh, PA 15222

Direct: (412) 338-5144 | Main: (412) 232-0404 | Mobile: (484) 269-7273

Zachary.Mueller@jacksonlewis.com | www.jacksonlewis.com

Jackson Lewis P.C. is honored to be recognized as the "Innovative Law Firm of the Year" by the International Legal Technology Association (ILTA) and is a proud member of the CEO Action for Diversity and Inclusion initiative

From: Montgomery, Roberta <Roberta.Montgomery@nlrb.gov>

Sent: Monday, March 4, 2019 10:52 AM

To: Smith, Douglas G. (Pittsburgh) <Douglas.Smith@jacksonlewis.com>; Mueller, Zachary J. (Pittsburgh) <Zachary.Mueller@jacksonlewis.com>

Subject: LTR.08-CA-235758.Request Evidence.pdf

This letter has also been sent by regular mail.

Roberta A. Montgomery, Field Examiner

National Labor Relations Board

1695 AJC Federal Office Building

1240 E. 9th Street

Cleveland, Ohio 44199

(216) 303-7371

roberta.montgomery@nlrb.gov

AGREEMENT AND RELEASE ("Agreement")

This Agreement is entered into between (b) (6), (b) (7)(C) and University Hospitals ("UH"), collectively referred to as the "Parties."

WHEREAS, (b) (6), (b) (7)(C) filed an unfair labor practice charge with the National Labor Relations Board ("NLRB") docketed at Case No. 08-CA-235758 (the "NLRB charge"); and

WHEREAS, UH denies any and all allegations of illegal conduct; and

WHEREAS, to avoid the time and expense of further legal action, the Parties agree to settle all matters raised in the NLRB charge.

NOW, THEREFORE, IT IS STIPULATED AND AGREED BY THE PARTIES AS FOLLOWS:

1. Consideration.

In consideration for signing this Agreement and complying with its terms, UH agrees to the following:

a. Effective the first pay period after the NLRB approves the withdrawal of the NLRB charge, (b) (6), (b) (7)(C) will be promoted to the position of (b) (6), (b) (7)(C) at an hourly rate of (b) (4), (b) (6), (b) (7)(C). A copy of the Job Description for (b) (6), (b) (7)(C) is attached as Exhibit A.

b. Effective the first pay period after the NLRB approves the withdrawal of the charge, (b) (6), (b) (7)(C) will receive a payment of (b) (4), (b) (6), (b) (7)(C).

c. Effective the first pay period after the NLRB approves withdrawal of the charge, UH will make appropriate contributions to (b) (6), (b) (7)(C) 403B account based on the payment made in b. above.

d. Upon executing this Agreement, (b) (6), (b) (7)(C) will request withdrawal of the NLRB charge. This Agreement shall not take effect and shall be null and void in the event that the NLRB charge is not withdrawn.

2. No Consideration Absent Execution of this Agreement.

(b) (6), (b) (7)(C) understands and agrees that (b) (6), (b) (7)(C) would not receive the monies and/or benefits specified in Paragraph 1 above, except for the execution of this Agreement and fulfillment of the promise contained herein.

3. Acknowledgements and Affirmations.

(b) (6), (b) (7)(C) affirms that (b) (6), (b) (7)(C) has not filed, caused to be filed, and presently is not a party to any other claim against UH, except the NLRB charge. UH also affirms that, as with (b) (6), (b) (7)(C) current position, UH has no objection to (b) (6), (b) (7)(C) continuing (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) in (b) (6), (b) (7)(C) role of (b) (6), (b) (7)(C) as long as these external positions do not interfere with (b) (6), (b) (7)(C) role or normal UH business functions.

4. Limited Disclosure.

(b) (6), (b) (7)(C) agrees not to disclose any information regarding the sums paid in Paragraph 1, except to (b) (6), (b) (7)(C) tax advisor or an attorney (b) (6), (b) (7)(C) may choose to consult regarding (b) (6), (b) (7)(C) consideration of this Agreement, and/or any federal, state, or local government agency or as required by law or compelled by legal process.

5. Nonadmission of Wrongdoing.

The Parties agree that neither this Agreement, nor the furnishing of the consideration for this Agreement, shall be deemed or construed at any time for any purpose as an admission by either party of wrongdoing or evidence of any liability or unlawful conduct of any kind.

6. Amendment.

This Agreement may not be modified, altered, or changed, except in writing and signed by both Parties wherein specific reference is made to this Agreement.

7. Entire Agreement.

This Agreement sets forth the entire Agreement between the Parties hereto. (b) (6), (b) (7)(C) acknowledges that (b) (6), (b) (7)(C) has not relied on any representatives, promises, or agreements of any kind, except for those set forth in this Agreement.

(b) (6), (b) (7)(C) **FREELY AND KNOWINGLY, AND AFTER DUE CONSIDERATION, ENTERS INTO THIS AGREEMENT.**

The Parties knowingly and voluntarily sign this Agreement as of the date(s) set forth below.

By (b) (6), (b) (7)(C)

Date: 4/15/19

UNIVERSITY HOSPITALS

By (b) (6), (b) (7)(C)

Date: 4/15/19

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From: (b) (6), (b) (7)(C)
Sent: Wednesday, April 17, 2019 4:44 PM
To: Montgomery, Roberta
Subject: (b) (6), (b) (7)(C) didmissal

Hi Roberta,

In light of my agreement between my employer, University Hospitals Cleveland Medical Center, and myself, I would like to withdraw my charges against them with the stipulation that they fulfill all of the terms of the agreement. Thank you so much for all of NLRB's help in this matter as I truly believe my career and reputation were in irreparable jeopardy without you.

Kind Regards,

(b) (6), (b) (7)(C)

Sent from my Verizon, Samsung Galaxy smartphone



UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

REGION 8
1240 E 9TH ST
STE 1695
CLEVELAND, OH 44199-2086

Agency Website: www.nlrb.gov
Telephone: (216)522-3715
Fax: (216)522-2418

April 19, 2019

Douglas G. Smith, Esq.
Jackson Lewis P.C.
Liberty Center
1001 Liberty Ave, Suite 1000
Pittsburgh, PA 15222-3772

Zachary J. Mueller, Esq.
Jackson Lewis, P.C.
Liberty Center
1001 Liberty Avenue, Suite 1000
Pittsburgh, PA 15222

Re: University Hospitals
Case 08-CA-235758

Dear Mr. Smith, Mueller:

Your request to withdraw the charge you filed against University Hospitals is based upon a private agreement between the parties on the matters underlying this charge. I have approved this withdrawal request, conditioned on the performance of the undertakings in the private agreement between the parties.

The charge is subject to reinstatement for further processing if the Charging Party's request for reinstatement is supported by evidence of noncompliance with the undertakings in the private agreement.

Very truly yours,

ALLEN BINSTOCK
Regional Director

AB:cj
cc:

(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)